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DECLARATION POWER OF ATTORNEY AND POWER TO INSPECT

As below named inventor, I hereby declare:
that my residence, post office address and citizenship are as stated below next to my name;
that I verily believe I am the original, first and joint inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **MATELS AND METHODS FOR MOLECULAR DETECTION OF CLINICALLY RELEVANT, PATHOGENIC FUNGAL SPECIES**
the specification of which (check one(s) applicable)
☒ was filed 5/30/00 as U.S. Application No. 09/580,797
☐ and was amended by Amendment filed _____ (if applicable); [or]:
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;
that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and
that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

POWER OF ATTORNEY: As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Kathleen D. Rigaut, Esq., J.D., Reg. No. 43,047 and Patrick J. Hagan, Esq. Reg. No. 27, 643**

POWER TO INSPECT: I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers of file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.

DIRECT INQUIRIES TO: Kathleen D. Rigaut, Esq., J.D.
Telephone: (215) 561-4100
Facsimile: (215) 561-1044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

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FOURTH JOINT INVENTOR (IF ANY)

Full Name _____
First Middle Last

Signature _____

Date _____

Residence _____
City State or Country

Citizenship _____

Post Office Address:

City State or Country Zip Code



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: Peter C. Iwen, Steven H. Hinrichs and Travis Henry

Application or Patent No.: 09/580,797

Filed or Issued: May 30, 2000

For: MATERIALS AND METHODS FOR MOLECULAR DETECTION OF CLINICALLY RELEVANT, PATHOGENIC FUNGAL SPECIES

**VERIFIED STATEMENT (DECLARATION) SUPPORTING ANOTHER'S CLAIM FOR
SMALL ENTITY STATUS [37 CFR §1.9(f) AND §1.27(d)] - NONPROFIT ORGANIZATION**

I hereby declare that I am making this verified statement to support a claim by the above-identified applicant or patentee for small entity status for purposes of paying reduced fees with regard to the above-identified invention described in

[] the specification filed herewith
[X] U.S. Application No. 09/580,797 filed May 30, 2000
[] U.S. Patent No. _____ issued _____

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

FULL NAME OF ORGANIZATION:

BOARD OF REGENTS OF THE
UNIVERSITY OF NEBRASKA

ADDRESS OF ORGANIZATION:

Regents Hall
2635 Holdrege Street
Lincoln, NE

TYPE OF ORGANIZATION

- [X] University or other institution of Higher education
[] Tax exempt under U.S. Internal Revenue Code [26 USC §501(c) and
[] Nonprofit scientific or educational under statute of state of U.S.A.

Name of State:

Citation of Statute:

- [] Would qualify as tax exempt under U.S. IRC if located in U.S.A.
[] Would qualify as nonprofit scientific or education under statute of state of U.S.A. if located in U.S.A.

Name of State:

Citation of Statute:

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR §1.8(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States code to the above-identified invention.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization known to have rights to the invention is listed below* and the organization knows of no rights to the invention being held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR §1.8(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 CFR §1.8(d) or by a nonprofit organization under 37 CFR §1.8(e).

FULL NAME:

ADDRESS:

[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention availing to their status as small entities. (37 CFR §1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR §1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: Leonard Agneta

Title in Organization: Patent Attorney

Address: University of Nebraska Medical Center, 686099 Nebraska Medical Center, Omaha, NE 68198-6099

Signature:

Date:

5/30/2000